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PTO/SB/17 (01-08)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/757,435
		Filing Date	01/10/01
		First Named Inventor	Brian S. KIM
		Examiner Name	LY, Anh
		Art Unit	2172
		Attorney Docket No.	159569-0004
TOTAL AMOUNT OF PAYMENT	(\$)	\$4,435	

METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____			
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>09-0946</u>		Deposit Account Name: <u>Irell & Manella LLP</u>				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below				<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17				<input checked="" type="checkbox"/> Credit any overpayments			
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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>		
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
<u>Fee Description</u>	<u>Small Entity</u>				<u>Small Entity</u>		
	<u>Fee (\$)</u>	<u>Fee (\$)</u>			<u>Fee (\$)</u>	<u>Fee (\$)</u>	
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	200	100					
Multiple dependent claims	360	180					
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		<u>Multiple Dependent Claims</u>		
<u>58</u> - 20 or HP = <u>163</u> x <u>0</u> = <u>4075</u>					<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
HP = highest number of total claims paid for, if greater than 20.					<u>180</u>	<u>180</u>	
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				
<u>4</u> - 3 or HP = <u>0</u> x <u>0</u> = <u>0</u>							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
<u> </u> - 100 = <u> </u> / 50 = <u> </u> (round up to a whole number) x <u> </u> = <u>0</u>							
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)				<u>Fee Paid (\$)</u>			
Other (e.g., late filing surcharge): <u>IDS fee under 37 CFR 1.17(p)</u>				<u>0</u>			
				<u>180</u>			

SUBMITTED BY			
Signature	/Norman E. Brunell Reg. #26533/	Registration No. (Attorney/Agent) 26533	Telephone (310) 277-1010
Name (Print/Type)	Norman E. Brunell Reg. #26533		Date 05/15/06

This collection of information is required by 37 CFR 1.135. The information is required to obtain USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.136. Including gathering, preparing, and submitting the completed application form to the USPTO. 1 on the amount of time you require to complete this form and/or suggestions for reducing this burden and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-453-3461.

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VIA FACSIMILE

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To: Central Fax

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From: Rachele Wittwer

No. of Pages: 54

(including cover page)

Re: App. No. 09/757,435 Filed 01/10/2001

To Examiner LY, Anh - Art Unit 2172

Attached is a courtesy copy of the documents filed via
Express Mail (EV 330866401 US) on May 15, 2006:

1. Transmittal Form;
2. Fee sheet;
3. Supplemental Response to Office Action, with Exhibits A-D;
4. Information Disclosure Statement;
5. PTO/SB/08A

Thank you.

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/757,435	
	Filing Date	01/10/01	
	First Named Inventor	Brian S. KIM	
	Art Unit	2172	
	Examiner Name	LY, Anh	
Total Number of Pages in This Submission	46	Attorney Docket Number	159569-0004

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Supplemental Amendment/Reply, 17 pgs., with Exhibit A, 15 pgs.; Exhibit B, 3 pgs.; Exhibit C, 4 pgs.; Exhibit D, 4 pgs. <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement, 2 pgs., with PTO/SB/08A, 1 pg., 3 References. <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s): <p align="center">> Postcard.</p>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Irell & Manella LLP - Customer No. 29000		
Signature	/Norman E. Brunell Reg. #26533/		
Printed name	Norman E. Brunell Reg. #26533		
Date	05/15/06	Reg. No.	26,533

CERTIFICATE OF TRANSMISSION/MAILING		
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Signature	<i>Rachele Wittwer</i>	
Typed or printed name	Rachele Wittwer	Date 05/15/06

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